**Pilot District Guide and monitoring indicators**
**National Programme for Tuberculosis Control and Chest Diseases**
**Ministry of Health, Nutrition and Indigenous Medicine**

## Pilot district expansion plan.

Background-

Sri Lanka has committed to achieve the WHO's End TB Strategy targets (2035) by the year 2025. Reaching towards this target would need intensive integrated strategic actions at national and subnational level.

A mid-term review evaluating TB control activities in Sri Lanka in 2017 recommended setting up pilot districts, to accelerate the TB control activities to overcome the challenge of finding a gap of 4,000 missing cases between the estimated incidence and the number of patients notified with TB a year. Accordingly, following districts were chosen as pilot districts, and activities will be implemented in scaled up manner from 2018-2021.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ~~2018~~ | Kegalle<br>Kalutara<br>Gampaha | 2019 | Rathnapura<br>Badulla<br>Monaragala<br>Kandy<br>Kurunegala | 2020 | Matale<br>Matara<br>Jaffna<br>Vavniya<br>Ampara<br>Puttalam<br>Anuradhapura<br>Polonnaruwa | 2021 | Nuwaraeliya<br>Galle<br>Hambantota<br>Kilinochchi<br>Mannar<br>Mulative<br>Batticaloa<br>Kalmunai<br>Trincomalee |

The key activities for implementation have been identified in the selected pilot districts and will be monitored, in addition to routine monitoring and supervision done by the NPTCCD. The following indicators (Table 1) will be given priority for this purpose.

Table 1: Indicators to monitor the activities in Pilot Districts

<table>
<tr><th colspan="2">Activity</th><th>Indicator</th></tr>
<tr><td colspan="3">Objective 1: Detection of 90% of cases by 2021 (Annex 01)</td></tr>
<tr><td rowspan="4">1.1</td><td rowspan="4">Optimal utilization of diagnostic services (Chest X-ray, Gene-Xpert)</td><td>1. Percentage of presumptive cases examined with one or more TB tests in the respective district in the given quarter*</td></tr>
<tr><td>2. Percentage of presumptive cases examined by smear in relevant district*</td></tr>
<tr><td>3. Percentage of presumed cases examined by Chest X-ray*</td></tr>
<tr><td>4. Percentage of presumed cases examined by Gene-Xpert*<br>*Denominator – No of presumptive cases identified (From presumptive TB register)</td></tr>
<tr><td>1.2</td><td>Screening of all contacts of TB patients</td><td>5. Proportion of close child contacts screened<br>6. Proportion of adult close contacts screened >=15 years<br>In addition to the above the following information about contacts should be gathered.
<table>
<tr><th rowspan="2">Description</th><th rowspan="2">No of Household contacts</th><th colspan="3">Number screened</th></tr>
<tr><th>Clinically</th><th>CXR</th><th>Sputum & other Ix</th></tr>
<tr><td>Children < 5years</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Elderly > 60 years</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Patients with DM</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Immunocompromised individuals</td><td></td><td></td><td></td><td></td></tr>
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<table>
<tr><td></td><td></td><td>7. Proportion of children under 5 years in contact with TB patients who started on Isoniazid Preventive Therapy</td></tr>
<tr><td></td><td></td><td>8. Proportion of childhood TB cases among bacteriologically confirmed TB cases</td></tr>
<tr><td rowspan="3">1.3</td><td rowspan="3">Conduct active screening in prisons, diabetic clinics, elderly home and other highly vulnerable institutions</td><td>9. No. of high risk pockets in the district (Total)</td></tr>
<tr><td>10. No. of such pockets been screened
<table>
<tr><th>High risk group</th><th>No of pockets in district</th><th>Number screened</th><th>Propotion</th></tr>
<tr><td>Prisons</td><td></td><td></td><td></td></tr>
<tr><td>Elderly Homes</td><td></td><td></td><td></td></tr>
<tr><td>Migrant/ Displaced/ resettlement</td><td></td><td></td><td></td></tr>
<tr><td>Slums</td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td></td></tr>
<tr><td colspan="3">Objective 2: Improve treatment success rate by 90% by 2020</td></tr>
<tr><td rowspan="2">2.1</td><td rowspan="2">Improve sustainability of treatment among patients</td><td>11. Proportion of treatment interrupters who were taken back for treatment within 2 months of interruption</td></tr>
<tr><td>12. Proportion of TB deaths fully Investigated among all deaths reported in the quarter (within 3 months)</td></tr>
<tr><td colspan="3">Objective 3: Improve integration of TB activities</td></tr>
<tr><td>3.1</td><td>Identification of at least one government health care institution with diagnostic, treatment and branch clinic facilities) in district</td><td>13. Proportion of government hospitals with well-functioning diagnostic, treatment and branch clinic facilities (at least 5 days a week)</td></tr>
<tr><td>3.2</td><td>Ensure maintenance of presumptive TB register in all hospitals up to divisional level Type B</td><td>14. Proportion of hospitals with presumptive TB registers completely filled (at least microscopic column)</td></tr>
<tr><td colspan="3">Objective 4: Improve Public private partnership</td></tr>
<tr><td>4.1</td><td>Identify a private hospital with well-functioning TB diagnostic facilities and who are sending returns to District Chest Clinic</td><td>15. Proportion of Private hospitals with well-functioning diagnostic facilities and who are sending returns to District Chest Clinic</td></tr>
<tr><td colspan="3">Objective 5: Improve quality of care provided to patients</td></tr>
<tr><td>5.1</td><td>Conducting External quality assessment (EQA) at Microscopy centres (MC) and private laboratories*</td><td>16. Proportion of EQA done at all MC including private laboratories per quarter</td></tr>
<tr><td>5.2</td><td>Conduct universal Drug Susceptibility Testing (DST) with WRD for all TB patients</td><td>17. Percentage of patients with available DST (Culture / Gene X-pert) among bacteriologically confirmed patients</td></tr>
<tr><td>5.3</td><td>Distribution of TB algorithm/ guidelines to health care institutions</td><td>18 .Percentage of Health care institutions with TB algorithms/ guidelines available in the district</td></tr>
<tr><td colspan="3">Number of presumptive TB cases identified (Chest Clinic OPD+ Hospital OPD) = ☐</td></tr>
</table>

*****Please explore the possibility to include Private laboratories carrying out microscopy to EQA system at DCC level.

The above indicators should be monitored quarterly by **all the DTCO's** and the progress report should be sent to NPTCCD.

**Annex 01- District level targets:**

TB case detection targets for each pilot district for the year 2019 and 2021, calculated based on the estimated TB case load for Sri Lanka by the World Health Organization are shown below.

| | District | Approximate target for each quarter | Target 2019 (80% of expected) | Target 2021 (90% of expected) |
|---|---|---|---|---|
| **1** | **Colombo** | **779** | **623** | **701** |
| **2** | **Gampaha** | **430** | **344** | **387** |
| **3** | **Kalutara** | **239** | **191** | **215** |
| **4** | **Kandy** | **232** | **186** | **208** |
| 5 | Matale | 67 | 54 | 60 |
| 6 | Nuwara Eliya | 92 | 74 | 83 |
| 7 | Galle | 155 | 124 | 139 |
| 8 | Matara | 82 | 66 | 74 |
| 9 | Hambantota | 51 | 41 | 46 |
| 10 | Jaffna | 114 | 91 | 103 |
| 11 | Vavuniya | 23 | 18 | 21 |
| 12 | Batticaloa | 55 | 44 | 49 |
| 13 | Ampara | 44 | 35 | 40 |
| 14 | Kalmunai | 67 | 54 | 60 |
| 15 | Trincomalee | 50 | 40 | 45 |
| **16** | **Kurunegala** | **150** | **120** | **135** |
| 17 | Puttalam | 71 | 57 | 64 |
| 18 | Anuradhapura | 103 | 82 | 93 |
| 19 | Polonnaruwa | 57 | 46 | 51.3 |
| **20** | **Badulla** | **96** | **77** | **86** |
| **21** | **Monaragala** | **50** | **40** | **45** |
| **22** | **Ratnapura** | **166** | **133** | **149** |
| **23** | **Kegalle** | **140** | **112** | **126** |
| 24 | Mannar | 12 | 10 | 11 |
| 25 | Mullaitivu | 11 | 9 | 10 |
| 26 | Kilinochchi | 21 | 17 | 19 |